

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036238

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5308

FILED OCT 9 1963

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b
49 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION NEUROLOGICAL HOSP.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE MISSOURI

b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
100 EAST-36TH STREET

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First FRED

Middle RUDOLPH

Last JOHNSON

4. DATE OF DEATH

Month SEPT.

Day 29

Year 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1/23/1884

9. AGE (last birthday)

79

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ENGINEER

11. BIRTHPLACE (City and state or country)

SALINA, KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN C. JOHNSON

13b. MOTHER'S MAIDEN NAME

CAROLINE L. ENGVALL

14. NAME OF HUSBAND OR WIFE

MRS. PAULINE JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. GOLDIE E. MOORE, K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHOPNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

Unknown - probably several days

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Brain Syndrome assoc with cerebral arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Death occurred at

9/27/63 16:45

to 9/29/63 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw her alive on 9/28/63

22a. SIGNATURE

(Degree or title)

James W. Vaughn MD

22b. ADDRESS

2625 W. Penn-Hwy

22c. DATE SIGNED

9/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

OCT. 1, 1963

23c. NAME OF CEMETERY OR CREMATORY

ROSELAWN MEMORIAL PARK

23d. LOCATION (City, town, or county)

SALINA

STATE

KANSAS

24. FUNERAL DIRECTOR

D.W. NEWCOMERS SONS, K.C., Mo.

25. DATE RECD. BY LOCAL REG.

10-1-63

26. REGISTRAR'S SIGNATURE

Beattie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300 Rev. 4/59

1

2 3508

3

4 0

5 3

6

7 1

8 2

9 491X

10

11

12 72-0

13

Dr. Albert E. 7 million
519 Olga Bunkerway Bldg. 4820 J. E. Michael Bldg
1:00-6:00p

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Hoff

Licensed Embalmer No. 4914

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.